

E-1 (3/2007)

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

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**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION**☐ Amended Petition in Case _____Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.RECEIVED
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PUBLIC EMPLOYMENT
RELATIONS COMMISSION**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.**EMPLOYER** Washington State Liquor Control Board**CONTACT PERSON** Joe Ruiz**ADDRESS** 3000 Pacific Avenue SE**CITY, STATE, ZIP** Olympia, WA 98504-3075**TELEPHONE** 360-664-1739 ext. _____**FAX** _____**E-MAIL** jruiz@liq.wa.gov**ATTORNEY OR
REPRESENTATIVE** Same**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**PETITIONER** Washington Public Employees Association**CONTACT PERSON** Kathleen Oest**ADDRESS** 140 Percival Street NW**CITY, STATE, ZIP** Olympia, WA 98502**TELEPHONE** 360-943-1121 ext. 115**FAX** 360-357-7627**E-MAIL** kathleen@wpea.org**ATTORNEY OR
REPRESENTATIVE** Same**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**INCUMBENT BARGAINING REPRESENTATIVE** *Indicate one.*☒ The parties are not currently represented for bargaining; OR☐ The employees involved are currently represented by the organization below:**ATTORNEY OR
REPRESENTATIVE** _____**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**ORGANIZATION** _____**CONTACT PERSON** _____**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**2. DESIGNATION OF REQUEST** *Indicate one.*☒ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.**4. OTHER RELEVANT FACTS** *Indicate one.*☐ Additional information is set forth on separate sheets of paper attached to this petition.**5. SHOWING OF INTEREST***A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.***3. BARGAINING UNIT****EMPLOYER'S PRINCIPAL BUSINESS****DEPARTMENT OR DIVISION INVOLVED**Liquor Sales/Retail/Enforcement ControlTechnical, Clerical and Professional**COLLECTIVE BARGAINING AGREEMENT** *Indicate one.*☒ The parties have never had a contract; OR☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.**NUMBER OF
EMPLOYEES
IN UNIT** _____**DESCRIPTION** *Indicate inclusions, exclusions, contract page or case/decision number.*

Self-determination election to include Office Assistant 2s and Office Assistant 3s at the Liquor Control Board Distribution Center - Technical, Clerical and Professional bargaining unit.

6. AUTHORIZED SIGNATURE FOR PETITIONER**PRINT NAME** _____**TITLE** _____**SIGNATURE** _____**DATE** _____

Washington Public Employees Association



CONFIDENTIAL FAX

Date: 10-28-90Number of Pages including cover sheet: 5

TO:

Sally Iverson
PERCPhone: 570-7300FAX Phone: 570-7334

cc: _____

FROM:

Kathleen OestWPEAPhone: 360-943-1121 ext. 115FAX Phone: 360-357-7627

cc: _____

REMARKS:☐ Urgent☐ For Your Review☐ Reply ASAP☐ Please Comment

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